

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001703

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 179

STATE FILE NUMBER

FILED JAN 25 1962

| | | | | | |
|--|----------------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | | c. CITY OR TOWN <u>Kansas City</u> | | |
| Length of stay in 1b <u>47 Yrs</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4001 Warwick Plaza Nursing Home</u> | | | d. STREET ADDRESS (If outside, give location) <u>3720 Wayne</u> | | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | |
| 3. NAME OF DECEASED (Type or print) First <u>Vernon</u> Middle <u>Carl</u> Last <u>Guild</u> | | | 4. DATE OF DEATH Month <u>January</u> Day <u>9</u> Year <u>1962</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2-5-1880</u> | 9. AGE (last birthday) <u>80 Yrs</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u> | | 11. BIRTHPLACE (City and state or country) <u>Braymer Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>Henry Guild</u> | | 13b. MOTHER'S MAIDEN NAME <u>Harriet Hughson</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Lela Guild</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>[REDACTED]</u> | |
| 17. INFORMANT <u>Lela Guild</u> | | Address <u>3720 Wayne Kansas City</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Terminal Broncho-pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Metastases to lumbar vertebrae</u> DUE TO (c) <u>Carcinoma of prostate gland</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 1/2 years</u> <u>1 1/2 years</u> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>2:45</u> a.m. <u>p.m.</u> Month, Day, Year <u>Aug. 1960</u> | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Jan. 9, 1962</u> | | 20f. CITY, TOWN, OR LOCATION <u>Kansas City, Mo.</u> | |
| 20g. COUNTY <u>Missouri</u> | | 20h. STATE <u>Missouri</u> | | | |
| 21. I attended the deceased from <u>Aug. 1960</u> to <u>Jan. 9, 1962</u> and last saw him alive on <u>Jan. 9, 1962</u> Death occurred at <u>2:45 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Kenneth G. Davis, M.D.</u> | | 22b. ADDRESS <u>201 Plaza Theater Bldg., Kansas City, Mo.</u> | | 22c. DATE SIGNED <u>1-10-62</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>1-13-62</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u> | |
| 23d. LOCATION (City, town, or county) <u>Kansas City, Missouri</u> | | 23e. STATE <u>Missouri</u> | | | |
| 24. FUNERAL DIRECTOR <u>Stine & McClure Kansas City, Missouri</u> | | 25. DATE RECD. BY LOCAL REG. <u>1-12-62</u> | | 26. REGISTRAR'S SIGNATURE <u>Ruth Long</u> | |

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Lawrence City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

1-41-50-1000